

1.0 Description of the Service

Health and Behavior Intervention provides intensive, focused counseling for pregnant and postpartum women who have serious psychosocial needs, which include individualized problem-solving, priority setting, instruction, and action planning to effect behavior modification or environmental change. It may include individualized treatment therapies designed specifically to aid in overcoming the identified problems. It may also include the involvement of the woman's significant other or other service providers.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Pregnant and postpartum women who receive Medicaid and have one or more of the specified intensive psychosocial needs are eligible for this service.

Note: Postpartum is defined as the period of time from the last day of pregnancy through the last day of the month in which the 60th post-delivery day occurs.

2.3 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Service is Covered

Health and Behavior Intervention is covered for pregnant or postpartum women with one or more of the following conditions:

- substance abuse (alcohol or drugs) or history of substance abuse with potential negative impact on the current pregnancy
- child abuse, family violence or severe family dysfunction or history of such problems with potential negative impact on the current pregnancy
- severe emotional crises associated with situations such as loss of job, divorce, homelessness, death, terminal illness
- episodic disorders: severe depression, psychosis, behavior disorders
- suicidal tendencies
- intense negative feelings about the current pregnancy
- intense negative feelings about previous poor pregnancy outcome such as fetal death, stillborn, infant death or congenital abnormalities
- HIV infection/AIDS and other life-threatening medical problems
- pending incarceration during the pregnancy
- major psychological behavioral disorders such as anorexia

4.0 When Service is Not Covered

Health and Behavior Intervention is not covered when the criteria listed above are not met.

5.0 Requirements for and Limitations on Coverage

Health and Behavior Intervention services for pregnant and postpartum women should be face-to-face in the home or clinic (not the area mental health center). It can be provided by telephone when life-threatening situations exist.

Health and Behavior Intervention services may be provided in addition to services provided by the area mental health center. The two agencies may not provide the same service for the same reason or criteria. Counseling services must be coordinated to ensure continuity of care.

This short-term service may begin during the pregnancy and continue through the end of the month in which the 60th postpartum day occurs. Long-term counseling needs may necessitate referrals to other providers.

6.0 Providers Eligible to Bill for the Service

Local health departments are eligible to provide this service.

Staffing Qualifications

This service must be rendered by a licensed clinical social worker.

7.0 Additional Requirements

Documentation

Initial and subsequent client contacts must be documented. The Intensive Psychosocial Counseling Initial and Subsequent Assessment forms, a narrative note or Subjective data, Objective data, Assessment and Plan of Action (SOAP) note are acceptable forms for documentation. If the narrative note is used, the reason for the referral, presenting problem, summary/impression, treatment plan, and disposition must be included.

Screening tools may be used in conjunction with the assessment tool. The tools are used to help identify and screen specific psychosocial problems such as: alcohol and/or substance abuse, depression, HIV infection/AIDS, domestic violence or suicidal tendencies.

Confidentiality of the records must be maintained.

Coordination of care strategies must be identified by all caregivers to avoid duplication of services.

At a minimum, the client's record must include the following documentation:

1. client's name and date of birth;
2. client's Medicaid identification number (MID);
3. dates of service;
4. documentation of initial and subsequent contacts;
5. plan of treatment/care and outcome;
6. total service time component (ex: 35 minutes = 2 units); and
7. name and title of person performing the service.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines.

Health and Behavior Intervention is reimbursed up to four units per day. One unit = 15 minutes with a maximum of 44 units per pregnancy and postpartum. Additional units may be requested through the claims adjustment process. Claims for additional units will be considered for reimbursement only when conditions of coverage are met and documentation supports medical necessity.

Health and Behavior Intervention must be billed per date of service.

Health and Behavior Intervention cannot be reimbursed when provided on the same date as the following services:

- Home Visit for Newborn Care and Assessment
- Home Visit for Postnatal Assessment and Follow-up Care

If a Health and Behavior Intervention home visit is determined to be necessary during a Maternity Care Coordination home visit, bill only one service.

8.1 Claim Type
CMS-1500 (HCFA-1500)

8.2 Diagnosis Codes That Support Medical Necessity

V22.0	Supervision of normal first pregnancy
V22.1	Supervision of other normal pregnancy
V22.2	Pregnant state, incidental
V23.0	Pregnancy with history of infertility
V23.1	Pregnancy with history of trophoblastic disease
V23.2	Pregnancy with history of abortion
V23.3	Grand multiparity
V23.4	Pregnancy with other poor obstetric history
V23.5	Pregnancy with other poor reproductive history
V23.7	Insufficient prenatal care
V23.81	Elderly primigravida
V23.82	Elderly multigravida
V23.83	Young primigravida
V23.84	Young multigravida
V23.89	Other high-risk pregnancy
V23.9	Unspecified high-risk pregnancy
V24.0	Immediately after delivery
V24.2	Routine postpartum follow up

8.3 Procedure Code(s)
CPT code 96152 – *Health and behavior intervention*

8.4 Reimbursement Rate
Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: October 1, 2002

Revision Information:

Date	Section Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.